

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6.6.05</u>		2 Serial/Patent # <u>10/500664</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other <u>Declaration, 1</u>			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>125.00</u>							
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">9</td> <td style="width: 20px;">3</td> <td style="width: 20px;">5</td> </tr> </table>			1	9	--	3	9	3	5
1	9	--	3	9	3	5					
No Fee Due (Explanation):											
11 REFUND REQUESTED BY: <u>C. Burt</u>											
TYPED/PRINTED NAME: <u>Charitta Burt</u>			TITLE: <u>Paralegal</u>								
SIGNATURE: <u>[Signature]</u>			PHONE: <u>308-4140x207</u>								
OFFICE: <u>PCT/PTO</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: